

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041258

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 335

Primary Registration District No. 4478

Registrar's No. 83

FILED NOV 15 1962

VS 300
Rev. 4/59

1 0980

2 0980

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4 0

5 0

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7 0

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9 420.1

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12 90-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lancaster</u>		c. CITY OR TOWN <u>Lancaster</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Burton</u> Last <u>Chambers</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>1</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 17 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trader</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trader</u>	
13a. FATHER'S NAME <u>Jeremiah Chambers</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ellen Wiseman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Grover Chambers</u>		Address <u>Kirksville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Lancaster</u>	
20g. COUNTY <u>Schuyler</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from <u>9:31 or Nov 1</u> , to <u></u> , and last saw her alive on <u></u> . Death occurred at <u>9:31 or Nov 1</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Flora Shepherd</u> (Registrar) <u>Norman</u> (Coroner)		22b. ADDRESS <u>Lancaster Mo</u>	
22c. DATE SIGNED <u>Nov 5 1962</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 7 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Glenwood IOOF</u>	23d. LOCATION (City, town, or county) <u>Glenwood Mo</u>
24. FUNERAL DIRECTOR <u>Normans</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 12, 1962</u>	
ADDRESS <u>Lancaster Mo</u>		26. REGISTRAR'S SIGNATURE <u>Flora Shepherd</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 16 1962
DEC 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Anna E. Foster

Licensed Embalmer No.

P. O. Address

*4742
Fulsburg, MO.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued Pending completion of
Information - Returned 11-12-62